

Case Number:	CM14-0060804		
Date Assigned:	07/09/2014	Date of Injury:	10/25/2007
Decision Date:	09/05/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/01/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 51 year old male who has submitted a claim for lumbar spine strain/sprain, disc protrusion L3-4, L4-5, and L5-S1 and right lumbar radiculopathy associated with an industrial injury date of 10/25/2007. Medical records from 09/30/2013 to 07/09/2014 were reviewed and showed that patient complained of low back pain radiating down the right lower extremity with accompanying right ankle/foot weakness. Physical examination of the lumbar spine revealed decreased ROM with flexion. DTR and sensation to light touch of the lower extremities were normal. MMT was decreased with right tibialis anterior and extensor hallucis longus (both 3/5) otherwise normal. MRI of the lumbar spine dated 03/06/2014 revealed L3-4 disc bulge that causes moderate-to-severe spinal canal stenosis and severe right and moderate left neural foraminal stenosis exiting the L3 nerve roots and contacts the traversing L4 nerve roots, L4-5 disc bulge that causes moderate-to-severe spinal stenosis and contacts the traversing L5 nerve roots, facet hypertrophy and disc bulge causing moderate-to-severe bilateral neural foraminal stenosis, and L5-S1 asymmetric to the left disc protrusion enters in the left neural foramen and causes moderate-to-severe neural foraminal stenosis and compresses the traversing left S1 nerve root which is enlarged. EMG/NCV of the lower extremities dated 03/13/2014 revealed bilateral L5-S1 radiculopathies, L5 root pathology more prominent than S1 bilaterally and right lower extremity affected more than left lower extremity. Treatment to date has included physical therapy, heat/cold pack application, and rest. Utilization review dated 04/15/2014 denied the request for physical therapy for the right foot/ankle QTY: 12 because there was no evidence that he was unable to do a home exercise program for his foot and ankle. Utilization review dated 04/15/2014 denied the request for an AFO because there was no evidence of foot drop and a brace is more likely to result in more weakness.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy for the right foot/ankle, QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to pages 98-99 of the MTUS Chronic Pain Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine Guidelines allow for a fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient has already completed unspecified visits of physical therapy with no documentation of functional outcome. It is unclear as to why the patient cannot transition to independent HEP. Therefore, the request for Physical therapy for the right foot/ankle, QTY: 12 is not medically necessary.

AFO (Ankle Foot Orthosis) brace for the right foot, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Ankle Foot Orthosis (AFO).

Decision rationale: The ODG recommends ankle foot orthosis (AFO) as an option for foot drop. An ankle foot orthosis (AFO) also is used during surgical or neurologic recovery. In this case, recent physical examination findings do not support the diagnosis of foot drop. There was no discussion of a previous ankle/foot surgical procedure as well. The guidelines only recommend AFO as an option for foot drop and surgical or neurologic recovery. There is no clear indication for use of AFO based on the available medical records. Therefore, the request for AFO (Ankle Foot Orthosis) brace for the right foot, QTY: 1 is not medically necessary.